

**FCC Form 481 - Carrier Annual Reporting  
Data Collection Form**

 FCC Form 481  
 OMB Control No. 3060-0986/OMB Control No. 3060-0819  
 July 2013

|  |                              |
|--|------------------------------|
| <010> Study Area Code  | 419015                       |
| <015> Study Area Name  | WESTLINK COMMUNICATIONS, LLC |
| <020> Program Year   | 2015                         |
| <030> Contact Name: Person USAC should contact with questions about this data      | Catherine Moyer              |
| <035> Contact Telephone Number: Number of the person identified in data line <030> | 6203563211 ext.              |
| <039> Contact Email Address: Email of the person identified in data line <030>     | catherine.moyer@pioncomm.net |

| ANNUAL REPORTING FOR ALL CARRIERS  |  | 54.313<br>Completion<br>Required    | 54.422<br>Completion<br>Required    |
|--|--|-------------------------------------|-------------------------------------|
| <100> Service Quality Improvement Reporting  | (complete attached worksheet)  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <200> Outage Reporting (voice)   | (complete attached worksheet)  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <210> <input checked="" type="checkbox"/> <-- check box if no outages to report                  |  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <300> Unfulfilled Service Requests (voice)   | 0  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <310> Detail on Attempts (voice)   | <div style="border: 1px solid black; height: 40px; width: 100%;"></div><br>(attach descriptive document) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <320> Unfulfilled Service Requests (broadband)   | 0  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <330> Detail on Attempts (broadband)   | <div style="border: 1px solid black; height: 40px; width: 100%;"></div><br>(attach descriptive document) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <400> Number of Complaints per 1,000 customers (voice)   |  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <410> Fixed  | 0.0  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <420> Mobile   | 0.0  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <430> Number of Complaints per 1,000 customers (broadband)                                       |  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <440> Fixed  | 0.0  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <450> Mobile   | 0.0  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <500> Service Quality Standards & Consumer Protection Rules Compliance                           | (check to indicate certification)  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <510> <div style="border: 1px solid black; height: 40px; width: 100%;"></div><br>419015ks510.pdf | (attached descriptive document)  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <600> Functionality in Emergency Situations  | (check to indicate certification)  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <610> <div style="border: 1px solid black; height: 40px; width: 100%;"></div><br>419015ks610.pdf | (attached descriptive document)  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <700> Company Price Offerings (voice)  | (complete attached worksheet)  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <710> Company Price Offerings (broadband)  | (complete attached worksheet)  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <800> Operating Companies and Affiliates   | (complete attached worksheet)  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>        | (if yes, complete attached worksheet)  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <1000> Voice Services Rate Comparability   | (check to indicate certification)  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <1010> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>                   | (attach descriptive document)  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <1100> Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/>        | (if not, check to indicate certification)  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <1110>   | (complete attached worksheet)  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <1200> Terms and Condition for Lifeline Customers  | (complete attached worksheet)  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

**Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet**

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

|        |                                   |                                     |                                     |
|--------|-----------------------------------|-------------------------------------|-------------------------------------|
| <2000> | (check to indicate certification) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <2005> | (complete attached worksheet)     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

**Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet**

|        |                                   |                                     |                                     |
|--------|-----------------------------------|-------------------------------------|-------------------------------------|
| <3000> | (check to indicate certification) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <3005> | (complete attached worksheet)     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

**(100) Service Quality Improvement Reporting  
Data Collection Form**

 FCC Form 481  
 OMB Control No. 3060-0986/OMB Control No. 3060-0819  
 July 2013

|       |   |   |
|-------|---|---|
| <010> | Study Area Code   | 419015  |
| <015> | Study Area Name   | WESTLINK COMMUNICATIONS, LLC                                      |
| <020> | Program Year  | 2015  |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Catherine Moyer   |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 6203563211 ext.   |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | catherine.moyer@pioncomm.net                                      |
| <110> | Has your company received its ETC certification from the FCC?                 | (yes / no) <input type="radio"/> <input checked="" type="radio"/> |
|       | If your answer to Line <110> is yes, do you have an existing §54.202(a) "5    |   |
| <111> | year plan" filed with the FCC?  | (yes / no) <input type="radio"/> <input type="radio"/>            |

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

- <112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document

Please check these boxes below to confirm that the attached documents(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How (USF) was used to improve service quality
- <116> How (USF) was used to improve service coverage
- <117> How (USF) was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

|  |
|--|
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|   |  |   |
|---|--|---|
| <p><b>(200) Service Outage Reporting (Voice)</b></p> <p><b>Data Collection Form</b></p> |  | <p>FCC Form 481</p> <p>OMB Control No. 3060-0986/OMB Control No. 3060-0819</p> <p>July 2013</p> |
|---|--|---|

|       |   |                              |
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| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 6203563211 ext.              |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | catherine.moyer@pioncomm.net |

[illegible]

|   |  |
|---|--|
| <b>(700) Price Offerings including Voice Rate Data</b><br><b>Data Collection Form</b> | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|---|--|

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| <030> | Contact Name - Person USAC should contact regarding this data                 | Catherine Moyer              |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 6203563211 ext.              |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | catherine.moyer@pioncomm.net |

|       |  |          |
|-------|--|----------|
| <701> | Residential Local Service Charge Effective Date    | 1/1/2014 |
| <702> | Single State-wide Residential Local Service Charge | 24.99    |

[illegible]



|       |   |                              |
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| <039> | Contact Email Address - Email Address of person identified in data line <030> | catherine.moyer@pioncomm.net |

[illegible]

|   |  |  |  |
|---|--|--|--|
| <b>(800) Operating Companies</b><br><b>Data Collection Form</b> |  |  | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|---|--|--|--|

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| <030> | Contact Name - Person USAC should contact regarding this data                 | Catherine Moyer              |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 6203563211 ext.              |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | catherine.moyer@pioncomm.net |

|       |                   |                                      |
|-------|-------------------|--------------------------------------|
| <810> | Reporting Carrier | Westlink Communications, Inc.        |
| <811> | Holding Company   | United Telephone Association, Inc.   |
| <812> | Operating Company | United Wireless Communications, Inc. |

[illegible]

**(900) Tribal Lands Reporting  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

|       |   |                              |
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| <020> | Program Year  | 2015                         |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Catherine Moyer              |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 6203563211 ext.              |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | catherine.moyer@pioncomm.net |

&lt;910&gt; Tribal Land(s) on which ETC Serves

&lt;920&gt; Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

| Select<br>(Yes, No,<br>NA) |
|----------------------------|
|                            |
|                            |
|                            |
|                            |
|                            |
|                            |
|                            |
|                            |
|                            |
|                            |

**(1100) No Terrestrial Backhaul Reporting  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

|       |   |                              |
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| <010> | Study Area Code   | 419015                       |
| <015> | Study Area Name   | WESTLINK COMMUNICATIONS, LLC |
| <020> | Program Year  | 2015                         |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Catherine Moyer              |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 6203563211 ext.              |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | catherine.moyer@pioncomm.net |

Please check this box to confirm no terrestrial backhaul  
<1120> options exist within the supported area pursuant to § 54.313(G) ☐

Please check this box to confirm the reporting carrier offers  
<1130> broadband service of at least 1 Mbps downstream and 256 kbps  
upstream within the supported area pursuant to § 54.313(G) ☐



**(1200) Terms and Condition for Lifeline Customers**  
**Lifeline**  
**Data Collection Form**

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| <020> | Program Year  | 2015                         |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Catherine Moyer              |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 6203563211 ext.              |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | catherine.moyer@pioncomm.net |

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

419015ks1200.pdf

Name of Attached Document

<1220> Link to Public Website

HTTP [www.westlinkcom.com](http://www.westlinkcom.com)

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- |  |                                     |
|--|-------------------------------------|
| <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, | <input checked="" type="checkbox"/> |
| <1222> Details on the number of minutes provided as part of the plan,  | <input checked="" type="checkbox"/> |
| <1223> Additional charges for toll calls, and rates for each such plan.  | <input checked="" type="checkbox"/> |

**(2000) Price Cap Carrier Additional Documentation****Data Collection Form***Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*

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| <010> | Study Area Code   | 419015                       |
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| <030> | Contact Name - Person USAC should contact regarding this data                 | Catherine Moyer              |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 6203563211 ext.              |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | catherine.moyer@pioncomm.net |

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

**Incremental Connect America Phase I reporting**

<2010> 2nd Year Certification {47 CFR § 54.313(b)(1)}  
 <2011> 3rd Year Certification {47 CFR § 54.313(b)(2)}

☐  
☐
**Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}**

<2012> 2013 Frozen Support Certification  
 <2013> 2014 Frozen Support Certification  
 <2014> 2015 Frozen Support Certification  
 <2015> 2016 and future Frozen Support Certification

☐  
☐  
☐  
☐
**Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}**

<2016> Certification Support Used to Build Broadband

☐
**Connect America Phase II Reporting {47 CFR § 54.313(e)}**

<2017> 3rd year Broadband Service Certification  
 <2018> 5th year Broadband Service Certification  
 <2019> Interim Progress Certification  
 <2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

☐  
☐  
☐  
☐

<2021> Interim Progress Community Anchor Institutions

Name of Attached Document Listing Required Information

## (3000) Rate Of Return Carrier Additional Documentation

## Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

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| <035> Contact Telephone Number - Number of person identified in data line <030>     | 6203563211 ext.              |
| <039> Contact Email Address - Email Address of person identified in data line <030> | catherine.moyer@pioncomm.net |

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

- (3010) Progress Report on 5 Year Plan  
Milestone Certification (47 CFR § 54.313(f)(1)(i))

Name of Attached Document Listing Required Information

- (3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐

- (3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))

Name of Attached Document Listing Required Information

- (3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))
- (3014) If yes, does your company file the RUS annual report

(Yes/No)

(Yes/No)

☒ ☒

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

- (3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) ☐
- (3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

- (3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

- (3018) If the response is no on line 3014, Is your company audited?

(Yes/No)

☒ ☒

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

- (3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications ☐

- (3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

- (3021) Management letter issued by the independent certified public accountant that performed the company's financial audit. ☐

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

- (3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, ☐

- (3023) Underlying information subjected to a review by an independent certified public accountant ☐

- (3024) Underlying information subjected to an officer certification. ☐

- (3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

- (3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

**Certification - Reporting Carrier  
Data Collection Form**

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| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 6203563211 ext.              |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | catherine.moyer@pioncomm.net |

**TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:**

| Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients  |   |
|---|---|
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. |   |
| Name of Reporting Carrier: WESTLINK COMMUNICATIONS, LLC   |   |
| Signature of Authorized Officer: CERTIFIED ONLINE   | Date 06/30/2014                           |
| Printed name of Authorized Officer: Catherine Moyer   |   |
| Title or position of Authorized Officer: CEO  |   |
| Telephone number of Authorized Officer: 6203567133 ext.   |   |
| Study Area Code of Reporting Carrier: 419015  | Filing Due Date for this form: 07/01/2014 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.  |   |



**Certification - Agent / Carrier  
Data Collection Form**

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| <039> Contact Email Address - Email Address of person identified in data line <030> | catherine.moyer@pioncomm.net |

**TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:**

| Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier  |                                |
|--|--------------------------------|
| I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate. |                                |
| Name of Authorized Agent:  |                                |
| Name of Reporting Carrier:   |                                |
| Signature of Authorized Officer:   | Date:                          |
| Printed name of Authorized Officer:  |                                |
| Title or position of Authorized Officer:   |                                |
| Telephone number of Authorized Officer:  |                                |
| Study Area Code of Reporting Carrier:  | Filing Due Date for this form: |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.   |                                |

**TO BE COMPLETED BY THE AUTHORIZED AGENT:**

| Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier   |                                |
|--|--------------------------------|
| I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate. |                                |
| Name of Reporting Carrier:   |                                |
| Name of Authorized Agent or Employee of Agent:   |                                |
| Signature of Authorized Agent or Employee of Agent:  | Date:                          |
| Printed name of Authorized Agent or Employee of Agent:   |                                |
| Title or position of Authorized Agent or Employee of Agent:  |                                |
| Telephone number of Authorized Agent or Employee of Agent:   |                                |
| Study Area Code of Reporting Carrier:  | Filing Due Date for this form: |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.   |                                |



## Attachments

# **WestLink Communications, LLC**

## **FCC Form 481 Certifications FCC Form 481 Line 510**

### **Line 510: Service Quality Standards & Consumer Protection Rules Compliance**

#### **Service Quality Standards**

The company complies with the service quality standards as adopted in the Kansas Corporation Commission (KCC) Docket Nos. 191,206-U and 95-GIMT-047-GIT.

#### **Consumer Protection Rules**

The company complies with the following consumer protection rules:

- FCC rules regarding verification of orders for telecommunication service as required of submitting carriers {47 CFR §64.1100}
- The FCC's Truth-in-Billing Requirements {47 CFR § 64.2400}
- Billing practice standards as set out in KCC Docket No. 06-GIMT-187-GIT and subsequent billing practice standards approved by the KCC
- All of the requirements of 47 CFR § Part 64 Subpart U, Customer Proprietary Network Information and Federal Trade Commission 16 CFR §681, Identity Theft Red Flags

(700) Price Offerings including Voice Rate Data  
Data Collection Form

FCC Form 481

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|       |   |                              |
|-------|---|------------------------------|
| <010> | Study Area Code   | 419015                       |
| <015> | Study Area Name   | WESTLINK COMMUNICATIONS, LLC |
| <020> | Program Year  | 2015                         |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Catherine Moyer              |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 6203563211 ext.              |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | catherine.moyer@pioncomm.net |

<701> Residential Local Service Charge Effective Date  
<702> Single State-wide Residential Local Service Charge

|          |
|----------|
| 1/1/2014 |
| 24.99    |

<703>

[illegible]

(710) Broadband Price Offerings  
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

|       |   |                              |
|-------|---|------------------------------|
| <010> | Study Area Code   | 419015                       |
| <015> | Study Area Name   | WESTLINK COMMUNICATIONS, LLC |
| <020> | Program Year  | 2015                         |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Catherine Moyer              |
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| <039> | Contact Email Address - Email Address of person identified in data line <030> | catherine.moyer@pioncomm.net |

[illegible]

|   |  |  |
|---|--|--|
| <b>(800) Operating Companies</b><br><b>Data Collection Form</b> |  | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|---|--|--|

July 2013

|       |   |                              |
|-------|---|------------------------------|
| <010> | Study Area Code   | 419015                       |
| <015> | Study Area Name   | WESTLINK COMMUNICATIONS, LLC |
| <020> | Program Year  | 2015                         |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Catherine Moyer              |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 6203563211 ext.              |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | catherine.moyer@pioncomm.net |

|       |                   |                                      |
|-------|-------------------|--------------------------------------|
| <810> | Reporting Carrier | Westlink Communications, Inc.        |
| <811> | Holding Company   | United Telephone Association, Inc.   |
| <812> | Operating Company | United Wireless Communications, Inc. |

[illegible]



## **WESTLINK COMMUNICATIONS, LLC EMERGENCY SITUATION FUNCTIONALITY**

### **AVAILABILITY OF BACK-UP POWER**

Westlink Communications, LLC owns and operates one mobile switching center (MSC) at the Pioneer Telephone Association, Inc. central office in Ulysses, Kansas. Pioneer's central office contains a diesel generation system with automatic transfer switch. This system is capable of providing sufficient back-up power for lighting, HVAC and DC power systems for lengthy outages of commercial power. This generation system is inspected and manually exercised monthly by Pioneer personnel. Pioneer also services the generator annually and makes minor system repairs. Major system repairs are completed by manufacturer-certified technicians.

Tower sites contain DC power systems with batteries that can sustain base-station operation for several continuous hours of commercial power outage. During extended commercial power outages, portable AC generators are available for delivery to sensitive or high-traffic tower sites.

### **TRAFFIC ROUTING**

Multiple SS7 links are diversely routed over two separate carriers to the service control point. Long Distance and 800NS traverse a single DS3 to a carrier with some redundant functionality. Westlink's local traffic is terminated directly to Pioneer's EWSD switch. Local traffic is also routed to the regional tandem across a redundant path in Pioneer's OC-48 SONET transport.

### **NETWORK CAPACITY**

Voice trunks and switching components are periodically monitored by Pioneer personnel to ensure a satisfactory level of capacity and availability.



## LIFELINE PROGRAM

Lifeline is a government program designed to lower the cost of basic, monthly local telephone service for low income households. Customers must be eligible and are only allowed one account with one primary handset. For information provided to the customer, either direct the customer to [www.westlinkcom.com/Lifeline/Lifeline.aspx](http://www.westlinkcom.com/Lifeline/Lifeline.aspx) or click here to print a description: [http://www.westlinkcom.com/Lifeline/Lifeline\\_FAQ.pdf](http://www.westlinkcom.com/Lifeline/Lifeline_FAQ.pdf). All Lifeline documents are available on wireless2.

The base plan of Lifeline is the 800WL plan, but all Lifeline plans require roaming to be disabled.

Once a customer has determined to select the Lifeline plan, this is the procedure:

1. Verify Customer Eligibility – determine by income or program participation (one OR the other)

| 150% of Federal Poverty Level<br>Guidelines for 2009 |                       | Or you are eligible if you participate in one of the<br>following programs: |
|--|-----------------------|---|
| # of Family Members                                  | Maximum Annual Income |   |
| 1  | \$16,245              | Food Stamps   |
| 2  | \$21,855              | Medicaid  |
| 3  | \$27,464              | Supplemental Security Income (SSI)  |
| 4  | \$33,075              | Temporary Assistance for Needy Families (TANF)                              |
| 5  | \$38,685              | Free School Lunch Program (reduced not eligible)                            |
| 6  | \$44,295              | Head Start (must meet its income qualifying standard)                       |
| 7  | \$49,905              | BIA General Assistance  |
| 8  | \$55,515              | United Tribes Food Distribution Program                                     |
| Each add'l Person                                    | \$5,610               |   |

2. Customer must provide proof of eligibility:
  - a. Prior year state or federal tax return
  - b. Three consecutive months of statements for any of the following:
    - ☐ Paycheck stub or current income statement from an employer;
    - ☐ Social Security Administration statement of benefits;
    - ☐ Retirement/pension statement of benefits;
    - ☐ Veterans Administration statement of benefits;
    - ☐ Unemployment/Workman's compensation statement of benefits;
    - ☐ Divorce decree or child support documents
3. Customer must complete the Request for Lifeline Wireless Telephone Service form. The form is available on wireless2 and at [http://www.westlinkcom.com/Lifeline/Lifeline\\_Service\\_Request\\_Form.pdf](http://www.westlinkcom.com/Lifeline/Lifeline_Service_Request_Form.pdf)
4. With all required documentation provided, start the normal ACCOUNT SETUP process for phone activation in CommLink. This includes a Subscriber Enrollment Form, Credit Check and copy of a US government issued photo ID.
5. COMMLINK – ACCOUNT SETUP
  - a. SCREEN ONE – account type: This is a monthly account customer
  - b. SCREEN TWO – marketing data: Complete marketing detail information
  - c. SCREEN THREE – existing customer: Yes/No to previous WestLink customer.
    - i. If a current regular plan WestLink customer, they can have 1 Lifeline account.
    - ii. If a previous WestLink customer, and they have a write off, they must complete a payment arrangement regarding that write off before you can continue.



## LIFELINE PROGRAM

- d. SCREEN FOUR – account information: Enter in account ownership information. Must match Lifeline documentation information. Cannot be a business.
  - e. SCREEN FIVE: Enter in contact information. Landline contact information would be good here.
  - f. SCREEN SIX: Enter in customer personal information.
  - g. SCREEN SEVEN: Print out Subscriber Enrollment Form or not, depending on whatever route you took.
  - h. SCREEN EIGHT: Enter Credit Score. Click Update. Click Next
  - i. SCREEN NINE: (Choose Service Package) Choose "800 Anytime Lifetime Minutes (\$800LL)", click Next.
  - j. SCREEN TEN: (Features) Add no features, just click Next.
  - k. SCREEN ELEVEN: This is the Summary of payments. Even if you make changes here, they will not keep, so just click Next and make the appropriate Credit Limit and Deposit Changes at a later screen.
  - l. SCREEN TWELVE: Enter Customer PIN., then Finish.
6. COMMLINK – PENDING ACCOUNTS
- a. Select your account from the Pending accounts list.
  - b. Click on the Services tab. The Add-A-Phone Wizard pops up. Based on your 800LL entry, the system already knows that you cannot have more than 1 phone on this account.
  - c. Click New Primary Line.
  - d. SELECT AN IMEI. This can be contract or customer provided:
    - i. Refer to your Handset Price List for Phones eligible for Lifeline pricing. There are usually only one or two phones eligible for reduced pricing. This goes toward a 1 year contract. There's also a payment option referred to below in the Point of Sale portion of this document.
    - ii. Customer can also select any handset from our inventory, but if it is not a Lifeline handset, they must purchase it at active customer pricing in full and still sign a 1 year contract. Or,
    - iii. The customer can provide their own GSM handset for a 1 month contract.

Have the customer select the handset and enter the IMEI.
  - e. ENTER IN SIM – Click Next.
  - f. PLAN SELECTION – Select "800 Anytime Lifeline Minutes (\$800LL)" Click Next.
  - g. PHONE NUMBER ASSIGNMENT - Choose Exchange. No vanity numbers allowed. Click Next.
  - h. ADD-NO FEATURES – There are no add-on features, Click Next.
  - i. CALLING FEATURES –CHANGE the Term of Contract to 12 months if they are getting a handset from us. If they provided their own handset, enter in 1. The Toll Block and Roam Restrict features will not hold, so this will be taken care of at the Account Manager stage in a later screen.
  - j. DATE OF ACTIVATION – Select when the phone is to be activated. Click Next
  - k. Click Next at SERVICE AGREEMENT screen.
  - l. DEPOSIT POP UP – Enter the deposit the customer should pay.
    - i. If the customer has a 600 or better credit check, they will have no deposit, with or without Toll Block.
    - ii. If the customer has a 599 or less credit check, they will have no deposit with Toll Block.
    - iii. If the customer has a 599 or less credit check, they will have a \$100 deposit without Toll Block.
  - m. WILL YOU BE CHARGING AN ACTIVATION FEE? Click No. For your reason, enter that the customer is Lifeline. Click OK
  - n. Click finish.
  - o. ON THE ACCOUNT MANAGER SCREEN...doublecheck the customer management screens still remaining on your monitor:
    - i. IN SERVICES TAB - Do the IMEI and SIM card match? Is the service package correct?
    - ii. SERVICE CHARGES TAB - Click on Service Charges. Are the recurring charges correct?
    - iii. FEATURES TAB - Click on Features.
      1. Select Deny Toll (if the customer requested it. Get signed feature form to support).
      2. Select Roam Restrict.



## LIFELINE PROGRAM

- iv. CONTRACTED EQUIPMENT TAB - Click on Contracted Equipment. Is the Expiration Date 1 year or 1 month away? If it is 2 years, then this needs to be corrected by clbugs.
  - v. MAIN ACCOUNT TAB - Click on the upper Account tab. Double check the credit limit. For the Credit Limit enter in:
    - 1. \$50.00 for a customer who does want Toll Block or
    - 2. \$80.00 for a customer who does not want Toll Block.
      - a. If a customer selects toll block, outgoing sms texts will not work.
7. COMMLINK – POINT OF SALE
- a. Click SALES
  - b. Click EXTERNAL, and find your sale.
  - c. Double check the phone charges for the handset. It should have pulled the Lifeline price of \$55.00. If not, call a manager for a price override code to put in the proper amount. Customer can pay this full amount of the phone, or pay \$29.99 and have the remainder billed on their account at the amount of \$2.50 per month. This is something that Billing Administration will process when you send in the contract documents. Please be sure to notate that billing arrangement on your documents.

### FAQ's

#### CAN THE CUSTOMER SWITCH PLANS WHILE ON LIFELINE?

No, only the \$800LL plan is available for Lifeline reduced pricing.

#### CAN THE CUSTOMER END THE LIFELINE ACCOUNT AND SIGN UP FOR SOMETHING ELSE?

Yes, the customer can declare ineligibility at any time and switch to another WestLink plan at regular cost.

#### CAN THE CUSTOMER EVER ROAM ON LIFELINE?

Never.

#### CAN THE CUSTOMER SEND TEXTS IF THE CUSTOMER SELECTS TOLL BLOCK?

No, toll blocking also blocks outgoing text messaging.

#### IF THE CUSTOMER'S PHONE SHUTS OFF DUE TO CREDIT LIMIT, WHAT DO THEY DO TO GET SERVICE BACK ON?

The customer should make a payment equal to the amount over the credit limit plus \$1. A minimum payment of \$5 is required.

#### WHAT HAPPENS WHEN THE CONTRACT IS UP?

Once the 1 year of service (either the contract is up or the month-to-month customer has been with WestLink for 12 months) the Lifeline credit will no longer be applied to the monthly Lifeline plan. The credit may be prorated during the final partial month of the contract. We will provide notification via text message and voice call that the customer needs to recertify their Lifeline status to continue to receive their Lifeline credit. Service provided between a Lifeline contract end date and recertification will be charged standard plan pricing.

#### TERMINATION OF SERVICE?

A month-to-month customer may notify WestLink at any time during the month to cancel the next month's service. Under contract, a customer would be charged a reduced contract cancellation fee of \$100.00 for Lifeline contracts due to the shorter contract term and reduced phone subsidy.



## LIFELINE PROGRAM

### INTERNAL PROCEDURES

Billing Administration will run a monthly report that provides a list of customers on the \$800LL plan that are within 45 days of their contract expiration or end of concurrent 12 months of service. Using existing notification procedures for non-pay suspends, text messages will be sent to the Lifeline number informing the customer of the need to re-certify. A list of customers will be produced for follow-up calls made either by the store location for the customer or the Wireless Retail Manager.

Should it come to personnel and management attention that a Lifeline customer is not truly eligible, Billing Administration will notify the subscriber via a letter separate from billing, notifying the customer of impending termination of the account. The customer will have a 60 day period to provide proof of eligibility for Lifeline. Failure to do so will result in termination of the account.